DIABETES MEDICAL REPORT
P-142D REV. 5-2001

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
MEDICAL REVIEW DIVISION
On The Web At http:// dmvct.org

TO: Department of Motor Vehicles, Medical Review Division, 60 State Street, Wethersfield, CT 06161-2510

PATIENT'S NAME	DATE OF BIRTH	TELEPHONE NO.

ADDRESS

HOW MANY YEARS ON INSULIN?	HOW OFTEN DO YOU SEE THIS PATIENT REGARDING DIABETES?	WHEN WAS PATIENT LAST EXAMINED BY YOU?

ONSET

DATE	SYMPTOMS

BLOOD GLUCOSE	G.T.T. *(Glucose Tolerance Test)*

CURRENT THERAPY

DIET	ORAL AGENT KIND:

INSULIN
KIND: AMOUNT: AM: PM:

ASSOCIATED CLINICAL PHENOMENA

QUESTION		YES (Ö)	NO (Ö)	
DOES SYMPTOMATIC HYPOGLYCEMIA OCCUR?				
IS GLUCAGON USED OR NEEDED FOR MANAGEMENT?				
IS CONSCIOUSNESS LOST OR ALTERED?				IF YES, ON WHAT DATE?
IS THERE A LUCID PRODROME WITH HYPOGLYCEMIA?				
DOES PATIENT MANAGE THE EVENT WITHOUT HELP?				
HAS HYPOGLYCEMIA ACCOUNTED FOR A MOTOR VEHICLE ACCIDENT AS FAR AS YOU KNOW?				IF YES, ON WHAT DATE?
IS THERE SIGNIFICANT NEUROPATHY?	SENSORI-MOTOR			
	CRANIAL NERVE			
	AUTONOMIC			
IS THERE SUFFICIENT RETINOPATHY TO ACCOUNT FOR VISUAL LOSS?				
HAS AMPUTATION BEEN NECESSARY?				

Does this person have a deteriorating condition? ☐ YES ☐ NO If yes, specify condition and indicate how often he/she should be re-examined.

IN YOUR OPINION, A RECOMMENDATION AS REGARDS PATIENT'S FITNESS TO DRIVE.

PHYSICIAN'S NAME *(Please Print or Type)*	OFFICE ADDRESS *(Include Zip Code)*	
TELEPHONE NO.	PHYSICIAN'S LICENSE NO.	PHYSICIAN'S SPECIALTY
PHYSICIAN'S SIGNATURE		DATE REPORT COMPLETED
X		